Utah Public Mental Health Practice Model
For Infants and Toddlers (Birth to Five)

Screening, Assessment, and Treatment

Definition

Infant mental health is reflected in appropriate cognitive, social, emotional, and physical development. It changes and develops within the context of relationships between infants and caregivers, families, communities, and cultures. Relationship-Based Reflective Practice includes the following (Weston, Ivins, Heffron, & Sweet, 1997; Heffron, 2000):

- Importance of parent/child relationship
- Centrality of relationships at all levels
- Paying attention to parents' experience of child and child's social-emotional world
- Importance of process as well as "functional outcomes"
- Respectful, collaborative alliance with families
- Emphasis on parallel process
- Self-awareness as a professional competency
- Reflection encouraged at all levels

Recognizing the unique characteristics of each infant and family proper healthy mental development for children, birth-five can be characterized as:

- Secure attachments
- Positive relationships
- Confidence
- Curiosity
- Effective communication
- Increasing self-regulation
- Social competence
- Self-awareness

This State Practice Model is developed around screening, assessment, intervention/treatment, promotion, and proactive intervention. This model is relevant for all agencies and providers who work with children birth to five and their families.

Screening

The use of effective, efficient and standardized mental health screening instruments is fundamental in identifying the mental health problems of infants/toddlers age's birth to five. Screening is a relatively brief process designed to identify infants/toddlers who are

at increased risk of having disorders that warrant immediate attention, including a more comprehensive assessment and subsequent intervention/treatment.

Identifying the need for further assessment is the primary purpose for screening. Mental health screening instruments are never used to diagnose a child. They are used to inform parents and those working with families of concerns needing further assessment.

Typically, a wide range of professionals are qualified to administer screening instruments, including social workers, case managers, Early Intervention and Early Head Start providers. In addition, parents are able to complete many of the standardized screening tools.

Utah Medicaid has completed extensive research into evidence based screening tools and recommends the following screening of infants/toddlers birth to five (*please refer to http://health.utah.gov/medicaid/pdfs/chec.PDF-Utah Medicaid Provider Manual Section 2, Child Health Evaluation and Care (CHEC) 2-2 pg.4 and 3-4 pg. 12 for further information and instruction*):

- Ages and Stages Questionnaire (ASQ)
- Ages and Stages: Social Emotional (ASQ:SE)
- Parents Evaluation of Developmental Status (PEDS)
- Temperament and Atypical Behavior Scale (TABS)

Children who need further evaluation should be referred for systematic, comprehensive assessment specific to the areas of concern. Professionals, as authorized by their scope of practice, will determine the domains to be tested.

Assessment

Mental health diagnostic assessment is a more comprehensive examination of the psychosocial needs and problems identified during the initial mental health screening. The assessment identifies the type and extent of mental health disorders and makes recommendations for treatment interventions. Assessments routinely include individualized data collection, often including psychological testing, clinical interviewing, and reviewing past records. Standardized measures of the functioning of the child and family are critical. What is learned will provide diagnostic information as well as guide the creation of a treatment plan.

Utah law requires that a licensed mental health professional conduct the assessment and develop a comprehensive report. It is recommended that the evaluator have experience in infant/toddler mental health. The purpose of a diagnostic assessment is to define the infant/toddlers problems and use the information to develop a comprehensive treatment plan.

The assessment results in the identification of reasons and factors leading to referral. During this process, a mutually trusting working relationship with the infant/toddler,

family, and significant others is established for continued planning and treatment. By carefully assessing each of the following factors the clinician can arrive at an appropriate diagnosis:

- Current level of functioning
- Extent of behavior and subjective difficulties
- Individual and family factors
- Environmental factors
- Strengths
- Challenges
- Resources

Depending upon age and developmental factors, the child should be interviewed with the parent(s)/guardian. The setting is critical to the success of the interview and must be sensitive to the need to accommodate for the child's cognitive, language, and emotional status. Assessment should be provided in a culturally sensitive and appropriate manner consistent with the unique characteristics of the child and family, taking into consideration factors including, but not limited to:

- language
- socio-economic factors
- family and extended family structure
- religious practices
- geographic location

Assessment of infants and toddlers is an ongoing process. Based upon presenting information, the evaluator should develop an assessment plan including identification of strategies for collecting information and possible assessment instruments to be utilized. These should be adapted as information becomes available. Reason for referral and present concerns should form the basis for all assessment and subsequent treatment. These may include:

- nature
- duration
- frequency
- precipitants
- circumstances
- consequences of the problem(s)
- any other pertinent factors

Federal Law [*please refer to 42 USC Section 1396d(r)*] requires that states provide all services that are *Medically Necessary to correct or ameliorate defects and physical or mental illnesses and conditions discovered through the Early Periodic Screening Diagnostic and Treatment program (EPSDT-which is called CHEC in Utah) for children under 21.* Medicaid contracts state that mental health providers agree to provide all

Covered Services when they are Medically Necessary and one of the following conditions are met:

1) As a result of a CHEC exam, it is found that further diagnostic services are needed to determine the existence of a mental illness or condition; or

2) It is determined that a mental health service is necessary to correct or ameliorate a mental illness or condition, or prevent deterioration of that mental illness or condition or the development of additional health problems.

Assessment using the DSM-IV is an acceptable tool to use for diagnosis. Use of the DC: 0-3 as a supporting diagnostic tool is under consideration and can be used as a reference at this time.

A thorough assessment of a child/youth should include the following areas:

- Developmental milestones
- Psychiatric and medical history, including vision and hearing problems.
- Pre-School reports including any formal testing.
- Emotional development, temperament, strengths and interests.
- Family relationships, responsibilities, difficulties and perceptions of the infant/toddler and the subsequent impact on the family.
- Unusual family or environmental circumstances.
- Family medical, psychiatric history, substance use/abuse, history of child abuse or domestic violence in the home.
- Involvement with outside agencies including juvenile court dependency or custody hearings.
- Reason for referral and present concerns. Including the nature, duration, frequency, precipitants, circumstances, and consequences of the problem(s).
- Conduct a mental status examination which would include:
    - thought (content and process)
    - perception
    - mood
    - affect
    - memory
    - judgment
    - appearance
    - orientation

Standardized behavioral assessments will be selected and administered by appropriately trained personnel in compliance with administration standards of the tests as being appropriate for the sex, age, and race of the child/youth. Conclusions derived from any instrument should be made in the context of all information gathered.

Family/care givers are a primary source of information about the child/youth and should be involved in all aspects of the assessment and subsequent treatment planning and implementation. Mental Health staff should encourage and facilitate parents in signing appropriate "release of information" forms in order to gather critical data from multiple individuals and sources significant to the infant/toddler. This data is essential in forming an accurate picture of the child's functioning. Information about the results of this assessment process, diagnosis, and implications for subsequent treatment for the child/youth and family should be shared with the parent(s) or guardian.

Treatment

Mental health intervention/treatment is warranted when:

- A child demonstrates delay in emotional, behavioral and temperamental functioning,
- The parent/child relationship is disturbed, and/or
- A screening and subsequent assessment tool administered to the child would indicate further intervention.

Intervention/Treatment includes on-going assessment, completion and regular updating of a treatment plan and a defined method to track progress of the treatment/intervention at the child, family, group or community level. When a possible disruption in social-emotional development has been identified, effective mental health strategies for infants and toddlers will be based on the following principles:

- Infant and early childhood mental health services focus on the parent-child relationship.
- Interventions are designed to strengthen the optimal development of the infant or young child, and to enhance the emotional well being of the family.
- Families have access to non-stigmatizing, affordable, culturally competent, individualized, quality mental health assessment and treatment that is provided in a timely manner.
- Infant and early childhood mental health services are accessible to the family in a variety of settings.
- Mental health professionals understand that individual differences in children, cultures, communities, family structures, and languages can sometimes be misinterpreted as evidence of a problem.
- Effective and high-quality infant and early childhood mental health services are based on a multi-disciplinary approach and involve collaboration across the multiple systems of health care, human services, education, and mental health.

Utah law requires that licensed mental health professionals provide mental health services. Specialized training in infant and early childhood mental health is encouraged. Licensed professionals who may not have received specialized training will not be precluded from providing services.

Promotion and Proactive Intervention

Promotion and proactive intervention are the activities and strategies that agencies participate in to support and promote positive social-emotional development in infants/toddlers birth to five.

Promotion activities include:

- Individualized care
- Parent education
- Problem-focused counseling
- Case management
- Information and support to promote positive social-emotional development

Proactive intervention includes:

- Services for families
- Services to pregnant women with biological, medical or environmental concerns
- At risk infants/toddlers.
- Development of Interagency agreements
- Access to tools for screening, referrals and response to risk factors
- Access to training of biological, medical or environmental concerns

Effective mental health strategies for infants/toddlers birth to five and their families will be based on the following principles:

- Optimal development of the infant and young child occurs within the context of the family
- The importance of fathers or other male caregiver's involvement in the care and nurturance of their children beginning at birth, is recognized, supported, and facilitated.
- Prenatal care includes giving parents and primary caregivers access to education and information about child development and social-emotional health issues.
- Families have opportunities within their communities to share parenting experiences and concerns.
- Families have access to quality childcare, advocacy, and other support services.
- All early childhood providers have access to information and training related to social-emotional development, mental health issues.
- Infant and early childhood providers incorporate research-based strategies that support the parent-child relationship and provide training for their staff.
- Infant and early childhood care providers and the service delivery systems are knowledgeable about social-emotional development and mental health issues and community resources for referral

- Agency policies and procedures reflect this knowledge about social-emotional development and mental health issues.
- Medical home and pediatric health care providers facilitate access to Early Intervention and mental health services.
- Developmental screening and assessment including social-emotional health is available to all children from age birth to five.
- Communities support the healthy development of infants, children, and their families, by providing a caring, safe environment.
- Professionals recognize that the promotion of healthy social and emotional development requires recognizing the unique characteristics of each infant/toddler and family.

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Expanding Options for Infant Mental Health Committee

These guidelines for practice should only be considered as a framework for insuring best practices. They are simply guidelines and are not to be construed to limit in any way, the individualization of treatment, clinician creativity, or the ability of the clinician to provide treatment in the best interests of the client. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns evolve. Adherence to them will not ensure a successful outcome in every case, nor should they be construed as including or excluding all proper methods of care aimed at the same results. It is recognized that optimal outcomes will not always be obtained in treatment.